

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Northern District of Oklahoma

In re **Craig County Hospital Authority**

Debtor(s)

Case No. **15-10277**Chapter **9**

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
AMERICAN RED CROSS: P.O. BOX 730040 DALLAS, TX 75373-0040	AMERICAN RED CROSS: P.O. BOX 730040 DALLAS, TX 75373-0040	Product or Services		20,551.22
ARTHREX PO BOX 403511 ATLANTA, GA 30384-3511	ARTHREX PO BOX 403511 ATLANTA, GA 30384-3511	Product or Services		29,889.12
BASIC MRI MEDICAL SY 1410 RACHAEL LANE WATERLOO, IL 62298	BASIC MRI MEDICAL SY 1410 RACHAEL LANE WATERLOO, IL 62298	Product or Services		20,606.00
BEN E. KEITH CO. P.O. BOX 8170 FORT WORTH, TX 76101	BEN E. KEITH CO. P.O. BOX 8170 FORT WORTH, TX 76101	Product or Services		13,684.42
BRACCO DIAGNOSTICS I 259 PROSPECT PLAINS RD BUILDING H CHARLOTTE, NC 28290-2411	BRACCO DIAGNOSTICS I 259 PROSPECT PLAINS RD BUILDING H CHARLOTTE, NC 28290-2411	Product or Services		20,204.88
EIDE BAILLY, LLP 1601 N.W. EXPRESSWAY SUITE 1900 OKLAHOMA CITY, OK 73118	EIDE BAILLY, LLP 1601 N.W. EXPRESSWAY SUITE 1900 OKLAHOMA CITY, OK 73118	Product or Services		11,881.00
LABORATORY SUPPLY CO P.O. BOX 9289 DALLAS, TX 75267	LABORATORY SUPPLY CO P.O. BOX 9289 DALLAS, TX 75267	Product or Services		31,610.37
LOGAN & LOWRY, LLP P.O. BOX 558 VINITA, OK 74301	LOGAN & LOWRY, LLP P.O. BOX 558 VINITA, OK 74301	Product or Services		18,971.41
MCINTOSH SERVICES, I PO BOX 472208 TULSA, OK 74147-2208	MCINTOSH SERVICES, I PO BOX 472208 TULSA, OK 74147-2208	Product or Services		273,617.93
MEDHOST OF TENNESSEE 2739 MOMENTON PLACE CHICAGO, IL 60689-5327	MEDHOST OF TENNESSEE 2739 MOMENTON PLACE CHICAGO, IL 60689-5327	Product or Services		73,691.06
NEO ORTHOPEDICS & RE 1505 E STEVE OWENS BLVD MIAMI, OK 74355-0168	NEO ORTHOPEDICS & RE 1505 E STEVE OWENS BLVD MIAMI, OK 74355-0168	Product or Services		174,226.06

B4 (Official Form 4) (12/07) - Cont.

In re **Craig County Hospital Authority**Case No. **15-10277**

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
OLYMPUS FINANCIAL SE P.O. BOX 200183 PITTSBURGH, PA 15251-0183	OLYMPUS FINANCIAL SE P.O. BOX 200183 PITTSBURGH, PA 15251-0183	Product or Services		14,794.35
OWENS & MINOR 425160 PO BOX 841420 DALLAS, TX 75284-1420	OWENS & MINOR 425160 PO BOX 841420 DALLAS, TX 75284-1420	Product or Services		25,727.76
REGIONAL MEDICAL LAB ATTN: BUSINESS OFFICE 1923 SOUTH UTICA TULSA, OK 74145	REGIONAL MEDICAL LAB ATTN: BUSINESS OFFICE 1923 SOUTH UTICA TULSA, OK 74145	Product or Services		87,765.25
RESPIRONICS P.O. BOX 640817 ATLANTA, GA 30384-5740	RESPIRONICS P.O. BOX 640817 ATLANTA, GA 30384-5740	Product or Services		15,066.93
SAINT FRANCIS HOSPIT SLEEP DISORDERS 6600 S. YALE AVE., SUTIE TULSA, OK 74136	SAINT FRANCIS HOSPIT SLEEP DISORDERS 6600 S. YALE AVE., SUTIE TULSA, OK 74136	Product or Services		15,150.00
TAG CONSULTING 3541 CHAIN BRIDGE ROAD, SUITE 106 FAIRFAX, VA 22030	TAG CONSULTING 3541 CHAIN BRIDGE ROAD, SUITE 106 FAIRFAX, VA 22030	Product or Services		13,043.87
TOSHIBA AMERICA Medical POB 91605 CHICAGO, IL 60693	TOSHIBA AMERICA Medical POB 91605 CHICAGO, IL 60693	Product or Services		25,893.21
U.S. FOODSERVICE, IN P.O. BO 14698 DALLAS, TX 75397-3118	U.S. FOODSERVICE, IN P.O. BO 14698 DALLAS, TX 75397-3118	Product or Services		12,154.13
WERFEN USA, LLC PO BOX 347934 PITTSBURG, PA 15251-4934	WERFEN USA, LLC PO BOX 347934 PITTSBURG, PA 15251-4934	Product or Services		29,571.00

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CEO of the County Hospital Trust named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **March 2, 2015**

Signature **/s/ Herb Crum**
Herb Crum
CEO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.